

1742

Patent Attorney's Docket No. <u>003300-817</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE RE						
In re Pa	tent Application of)	DEC 11 2003			
Robert I	PACHOLIK et al.) Group Art Unit: 1742	TC 1700			
Applicat	tion No.: 09/913,938	Examiner: Melvyn J. Andrews				
Filed:	October 2, 2001	Confirmation No.: 5907				
For:	COPPER RECOVERY PROCESS))				
•	AMENDMENT/REPLY TR	ANSMITTAL LETTER				
P.O. Bo	esioner for Patents ox 1450 Iria, VA 22313-1450					
Sir:						
Enc	closed is a reply for the above-identified pate	ent application.				
[X]	[X] A Petition for Extension of Time is also enclosed.					
[]	A Terminal Disclaimer and the [] \$55.00 (2814) [] \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.					
[]] Also enclosed is/are					
[]	[] Small entity status is hereby claimed.					
[]	[] Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the [] \$385.00 (2801) [] \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).					
	[] Applicant(s) requests that any previous entered. Continued examination is reidentified above.	ously unentered after final amendments requested based on the enclosed docum				
	[] Applicant(s) previously submitted requested.	_, on, for which continued examin	ation is			
		action by the Office until at least, where the filing of this RCE, in accordance we fee under 37 C.F.R. § 1.17(i) is enclosed.	vith			
[]	A Request for Entry and Consideration of (1809/2809) is also enclosed.	f Submission under 37 C.F.R. § 1.129	P(a)			

Amendment/Reply Transmittal Letter Application No. <u>09/913,938</u> Attorney's Docket No. <u>003300-817</u> Page 2

- [X] No additional claim fee is required.
- [] An additional claim fee is required, and is calculated as shown below:

t tipping cares some sides.	A. A	AMENDED	CLAIM	nier Sone - Liner i militario - Liner in militario	
	No. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	Extra Claims	RATE	ADD'L FEE
Total Claims	43	MINUS 43 =	0	× \$18.00 (1202) =	0.00
Independent Claims	1	MINUS 3 =	0	× \$86.00 (1201) =	0.00
If Amendment adds mu	iltiple depend	lent claims, add \$29	0.00 (1203)		-
Total Claim Amendment Fee					
If small entity status is	claimed, sub	tract 50% of Total (Claim Amendi	ment Fee	-
TOTAL ADDITIONA	L CLAIM I	EE DUE FOR TH	IS AMENDM	ENT	0.00

l J	A check in the amou	nt of \$	is enclosed for the fee due.
[]	Charge \$	to Deposit Account N	To. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: December 8, 2003

egistration No. 44,939

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